

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

959

7590

03/26/2008

LAHIVE & COCKFIELD, LLP
 ONE POST OFFICE SQUARE
 BOSTON, MA 02109-2127

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/541,252	04/24/2006	Jonghun Lee	11499-008-999	3760

TITLE OF INVENTION: METHOD AND SYSTEM FOR PREVENTING CALL DROP BY RESTRICTING OVERHEAD MESSAGE UPDATED IN IX SYSTEM DURING IXEV-DO TRAFFIC STATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZEWARI, SAYED T	2617	370-328000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- LaHive & Cockfield, LLP
 EunHoon Lee, Esq.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.
- (A) NAME OF ASSIGNEE: SK Telecom Co., Ltd.
 (B) RESIDENCE: (CITY AND STATE OR COUNTRY) Seoul, REPUBLIC OF KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

- 4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies Ten (10)

- 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.
☐ Payment by credit card, Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0080 (enclose an extra copy of this form).

5. Change in Entry Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

EunHoon Lee

Date May 30, 2008

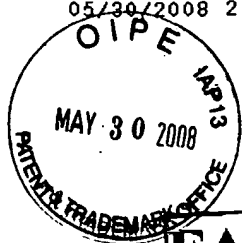
Typed or printed name

EunHoon Lee, Esq.

Registration No. 62,375

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FAX TRANSMISSION****DATE:** May 30, 2008**PTO IDENTIFIER:** Application Number 10/541,252-Conf. #3760
Patent Number**Inventor:** Jonghun LEE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-2885**FROM:** LAHIVE & COCKFIELD, LLP
EuiHoon Lee**PHONE:** (617) 994-0881**Attorney Dkt. #:** VT7-009US**PAGES (Including Cover Sheet):** 6**CONTENTS:**

1. Transmittal Form (1 page)
2. Fee Transmittal (1 page, in duplicate)
3. Part B - Fee(s) Transmittal (1 page)
4. Certificate of Mailing (1 page)

**The Commissioner is authorized to charge
\$1,770.00 to Deposit Account 12-0080**

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 994-0881 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
One Post Office Square, Boston, Massachusetts 02109-2127
Telephone: (617) 227-7400 Facsimile: (617) 742-4214



PTO/SB/21 (01-08)

Approved for use through 05/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/541,252-Conf. #3760
	Filing Date	April 24, 2006
	First Named Inventor	Jonghun LEE
	Art Unit	2617
	Examiner Name	Sayed T. ZEVARI
Attorney Docket Number		VT7-009US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Part B - Fees Transmittal 2. Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature	<i>EulHoon Lee</i>		
Printed name	EulHoon Lee		
Date	May 30, 2008	Reg. No.	62,375

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-2855 at Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 30, 2008

Signature: *EulHoon Lee* (EulHoon Lee)



PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0891-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4812).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,770.00**

Complete If Known

Application Number **10/541,252-Conf. #3760**
Filing Date **April 24, 2008**
First Named Inventor **Jonghun LEE**
Examiner Name **Sayed T. ZEVARI**
Art Unit **2617**
Attorney Docket No. **VT7-009US**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: **12-0080** Deposit Account Name: **Lahive & Cockfield, LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$)

- 20 = ☐ x ☐ =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 = ☐ x ☐ =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = ☐ /50 = ☐ (round up to a whole number) x ☐ = Fees Paid (\$)

4. OTHER FEE(S)

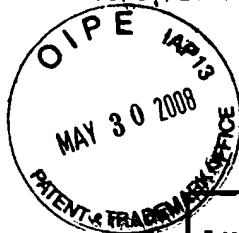
Non-English Specification, \$130 fee (no small entity discount) 1,440.00
Other (e.g., late filing surcharge): 1501 Utility issue fee 300.00
1505 Publication fee for republication 30.00
8001 Printed copy of patent w/o color

SUBMITTED BY
Signature *EuiHoon Lee* Registration No. **62,375** Telephone **(617) 994-0881**
Name (Print/Type) **EuiHoon Lee** Date **May 30, 2008**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-2885 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 30, 2008

Signature: *EuiHoon Lee* (EuiHoon Lee)



PTO/SB17 (10-07)

Approved for use through 06/30/2010. OMB 0881-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
This document contains information that is exempt from public release under 35 U.S.C. 102(b) and 37 C.F.R. 1.55(b).

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4310).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**1,770.00**

Complete if Known

Application Number	10/541,252-Conf. #3760
Filing Date	April 24, 2008
First Named Inventor	Jonghun LEE
Examiner Name	Sayed T. ZEWARDI
Art Unit	2617
Attorney Docket No.	VT7-009US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Nonc ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **12-0080** Deposit Account Name: **Lahive & Cockfield, LLP**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1501 Utility issue fee

1505 Publication fee for republication

6001 Printed copy of patent w/o color

1,440.00

300.00

30.00

SUBMITTED BY		Registration No.	62,376	Telephone	(617) 994-0881
Signature	<i>EuiHoon Lee</i>	(Attorney/Agent)		Date	May 30, 2008
Name (Print/Type)	EuiHoon Lee				

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-2885 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 30, 2008

Signature: *EuiHoon Lee*

(EuiHoon Lee)



Application No. (if known): 10/541,252

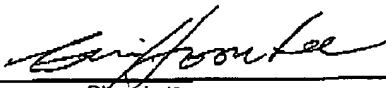
Attorney Docket No.: VT7-009US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on May 30, 2008
Date


Signature

EuiHoon Lee

Typed or printed name of person signing Certificate

62,375

Registration Number, if applicable

(817) 994-0881

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Transmittal Form (1 page)
2. Fee Transmittal (1 page, in duplicate)
3. Part B - Fee(s) Transmittal (1 page)
4. Certificate of Mailing (1 page)

**The Commissioner is authorized to
charge \$1,770.00 to Deposit Account 12-0080**